| PART B - FEE(S) TRANSMITTAL | | | | | | | | |
|---|--|---|--|------------------------|---|---|--|--|
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| 34399 7590 03/14/2005 | | | | | have its own certificate of mailing or transmission. | | | |
| GARLICK HARRISON & MARKISON LLP P.O. BOX 160727 AUSTIN, TX 78716-0727 | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. | | | |
| 5/05/2005 WASFAW2 00000086 10616447 | | | | | | A | | |
| 1 FC:1501 1400.00 OP | | | | | WILLIAM | W. KIDD | (Depositor's na | |
| 2 FC:1504 300.00 DP 3 FC:8001 9.00 DP | | | | | Wellian | w. Kield | (Signat | |
| | | | | | 5-2- | 2003 | (D | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVEN | | | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/616,447 07/09/2003 Joseph M. Ingino JF FITLE OF INVENTION: HIGH BANDWIDTH, HIGH PSRR, LOW DROPOUT VOLTAGE RE | | | | | | 5580-02102 | 9137 | |
| | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PU | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional NO \$140 | | |) | | \$300 | \$1700 | 06/14/2005 | |
| EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS | | | |
| TRA, ANH QUAN | | 2816 | | | 327-540000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list GARLICK HARRISC CFR 1.363). | | | | | | | K HARRISON | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the name of agents Correspondence address form PTO/SB/122) attached. | | | | OR, alter ne of a s | tes of up to 3 registered patent attorneys R, alternatively, e of a single firm (having as a member a | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | | y or agent) and the names of up to t attorneys or agents. If no name is 2 | | | |
| | RESIDENCE DATA TO B | | | | • • • | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| BROADCOM CORPORATION IRVINE, CALIFORNIA | | | | | | | | |
| | assignee category or catego | | | | Individual A Co | rporation or other private gr | oup entity Governm | |
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| a. Applicant claims Sl | (from status indicated above MALL ENTITY status. See 1 | 37 CFR 1.27. | | | | L ENTITY status. See 37 C | | |
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| Authorized Signature William W. Kidd Date 5-2-2005 | | | | | | | | |

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